

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 601 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th '87
Full Name of Deceased, John Carter Jr
Sex, Male or Female, Male
Age, 35 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, Farmer
Birth Place, Loudon Co Virginia
Duration of Residence in the City of Baltimore, Two months
Place of Death, University Hospital
Cause of Death, Tuberculous prostaticitis (Septicemia)
Exhaustion - Heart failure
Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co Va
Date of Burial, June 25, 1887
Undertaker, J. B. Cook
Place of Business, #1003 W. Balto. Address, University Hospital
C. W. Mitchell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 602

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23rd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Bowie

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

24

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Housewife

Birth Place,

{ State or country, and how long in the United States if of foreign birth. }

St Marys Co Md

Duration of Residence in the City of Baltimore,

9 years

Place of Death,

{ Give Street and Number. }

#1241 North Wolfe St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Consumption of Lungs

Duration of Last Sickness,

4 Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 26 1887

Undertaker,

W. E. Gook

M. D.

Medical Attendant.

Place of Business,

671 Howard

Address,

1519 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 603

Office of Registrar of Vital Statistics.

Ward

64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

C

Date of Death,

June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Conrad Fischer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

4

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborn

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

3 years

Place of Death, { Give Street and Number. }

2140 W. 11th St.

Cause of Death, { First (Primary), Second (Immediate), }

Injury to chest & lungs
Apoplexy

Duration of Last Sickness,

18 hours

All the above information should be furnished by the Physician.

Place of Burial, Tronally Cem

Date of Burial, June 25th 1887

Undertaker, John Henning

M. D.

Place of Business, 2008 Orleans St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

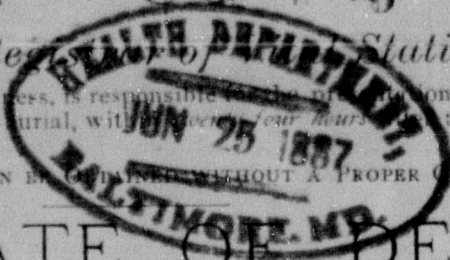
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore.

Permit No. A 604 Office of Registrar of Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH. 73

Date of Death, June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minerva Stahn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, long

Place of Death, { Give street and Number. } 1216 Canton St

Cause of Death, { First (Primary), Pneumonia bleeding matter }
{ Second (Immediate), }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, June 25th 1887

Undertaker John Henry

Place of Business, 2008 Orleans St Address,

C. W. E. Dan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 605 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 24th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly A. Main

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 24 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1607 Hermans Al.

Cause of Death, { First (Primary), Second (Immediate), } Gastro-Enteritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 26th, 1887

Undertaker, B. Harle Robert S. Rowe M. D.

Medical Attendant.

Place of Business, 115 West St. Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

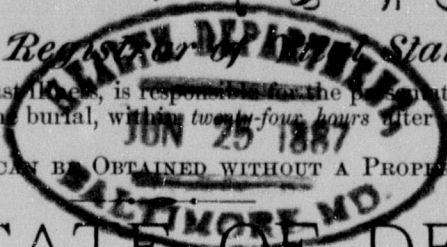
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of this certificate.

Health Department, City of Baltimore.

Permit No. A 606 Office of Registrar of Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, Permelia F. Morley
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 67 Years, 6 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, (Give Street and Number.) N. W. Cor. Lancaster & Broadway

Cause of Death, First (Primary), Apoplexy
Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 26 1887

Undertaker, John H. Rehberger M. D.
Medical Attendant.

Place of Business, 710 Canton St Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

607

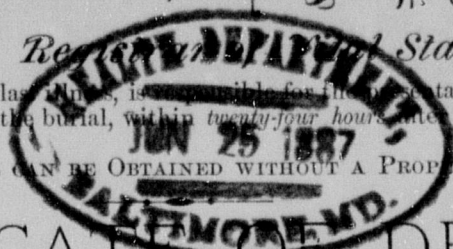
Office of Registrar of Statistics.

Ward

4th

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 22^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Grimm

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 47 Years, 9 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, housework

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 31 Franklin St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy Paralysis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cem.

Date of Burial, June 26/87

{ Undertaker, H. Sanderson

{ Place of Business, 1710 Canton Address, 4523 E. Baltimore

J. H. H. M.D. Medical Attendant.

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department
City of Baltimore.

Permit No. A 608
Office of Registrar of Vital Statistics.
Ward 13²

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CERTIFICATE OF DEATH.

C

Date of Death, 24th June 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Grocka Gerst

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 804 west Pratt

Cause of Death, { First (Primary), Second (Immediate), } Dyspnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, 25th

{ Undertaker, John J. Cowan

Place of Business, 901 Hollins St Address, 742 west Myrtle

D. S. Hoffman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

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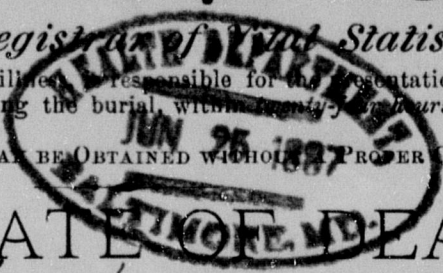
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 609 Office of Registrar of Vital Statistics. Ward 4^c

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Westly Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } Granly St 1066.

Cause of Death, { First (Primary), Cholera Infantum, Second (Immediate), Asaues }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem

Date of Burial, June 26th 1887

Undertaker, W. Hofmann Medical Attendant, John A. Schutte M.D.

Place of Business, 211 N. Eaden St Address, 2 E. Can Lough & Colu

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 610 Office of Health Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 24 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Graham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } American

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 2430 Canton Ave

Cause of Death, { First (Primary), Second (Immediate), } Broncho-Pneumonia
Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cent

Date of Burial, June 25 1887

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore Address, 1711 Back

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]